

Indicator 7 Child Outcomes New Application Training





We have three main tasks to complete today.

First ,we want to get you familiar with the application itself.

Next, we want to discuss some key components you need to have in place to successfully transition to the new application and have quality reliable ratings for your district.

Finally, we will offer some resources and support for your district while you transition to the new application.

Child Outcome Review Updates

- Who is part of Child Outcomes?
- What are the new procedures for transfer students?
- How is entry date defined?
- How is exit date defined?
- What are the revised timelines for reporting Child Outcomes?

[Indicator 7 Child Outcomes Timeline](http://dpi.wi.gov/sites/default/files/imce/sped/pdf/spp7-child-outcomes-timeline.pdf)



Handout – Indicator 7 Child Outcomes Timeline - <http://dpi.wi.gov/sites/default/files/imce/sped/pdf/spp7-child-outcomes-timeline.pdf>

Let's review some key points and recent updates before we take a look at the new application.

Who is part of Child Outcomes?

Entry child outcome ratings are determined and reported for all children with IEPs who are between the ages of 3 and 5 ½ at the time of entry.

What are the new procedures for transfer students?

As of July 1, 2016, child outcomes are reported both for children for whom the district provides initial services AND for children who transfer into the district from another district in which they were receiving services.

How is entry date defined?

Entry date is the projected IEP implementation date for a child receiving initial services or the district enrollment date for transfer a transfer child.

How is exit date defined?

Exit date is the date of the child's sixth birthday or the last date of services for a child who exists prior to age 6 because the child moved out of the district, discontinued receiving special education services or enrolled in a private school.

What are the revised timelines for reporting Child Outcomes?

Entry ratings should be determined within 60 days prior to the child's projected IEP implementation date for a child receiving initial services and within 45 days after enrollment for a transfer child.

Exit ratings should be determined within 30 days after the child's exit date.

These are revised timelines; please reference the Indicator 7 Child Outcomes Timelines posted on the Indicator 7 webpage.

Let's Take a Sneak Peek



Let's take a sneak peek of the new Indicator 7 Child Outcomes application.

The Three Outcomes

- Outcome 1
 - Positive Social Emotional Skills
- Outcome 2
 - Acquiring and Using Knowledge and Skills
- Outcome 3
 - Taking Appropriate Actions to Meet Needs



Here are the three outcome areas and what each includes. These should be familiar and they have not changed.

1. Children have positive social relationships. For example:

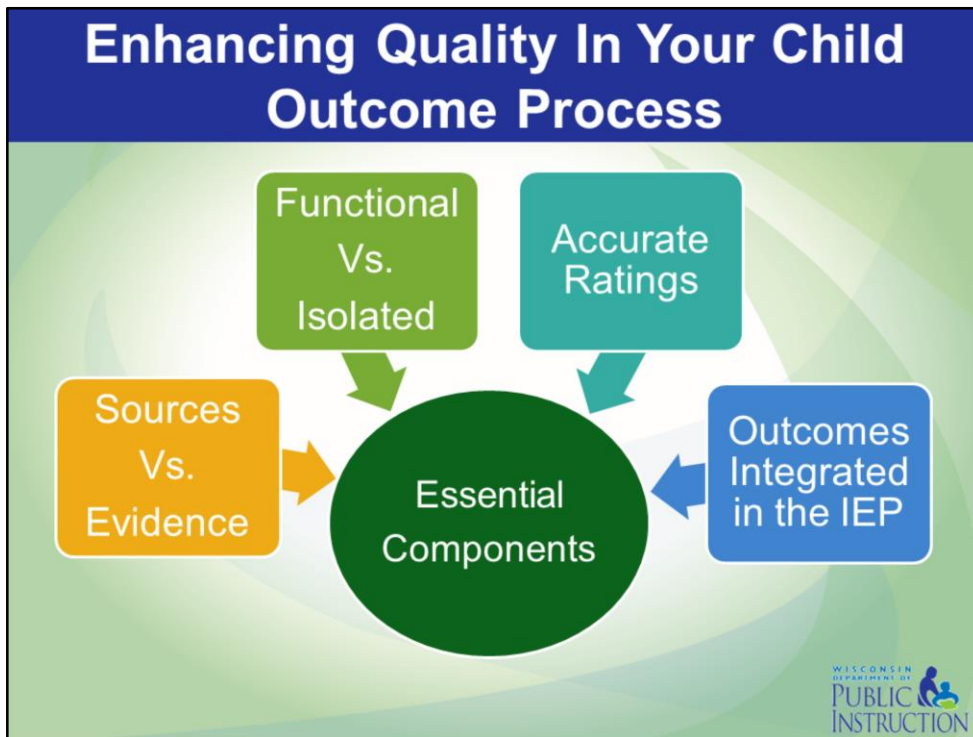
- *Build and maintain relationships with children and adults*
- *Regulate and express their emotions and feelings*
- *Understand and follow rules*
- *Communicate wants and needs effectively*
- *Social interactions and play skills*

2. Children acquire and use knowledge and skills. For example:

- *Thinking, reasoning, remembering & problem-solving*
- *Early Concepts such as special relationships, basic concepts, pictures, numbers etc.*
- *Explore their environment & engage in daily learning opportunities*
- *Show imagination and creativity in play*
- *Understand and communicate thoughts and ideas to others (receptive and expressive language)*

3. Children take appropriate action to meet their needs. For example:

- *Participate in everyday activities and routines*
- *Meet their self-care needs (feeding, dressing, toileting, etc.)*
- *Seek help when necessary to move from place to place*
- *Use objects such as spoons, crayons, and switches as tools*
- *Integrating motor skills to complete tasks*



These are the Key Components that will be reviewed today that will enhance and strengthen your child outcomes ratings and will assist in the implementation of the new Indicator 7 Child Outcome Application.

Our goal today is to quickly address each of these topics. Each of these could be an individual training so as we are reviewing the key components think about which ones are strengths in your district and which ones you might want to provide/receive more training or support for your teams.

Source vs. Evidence

Sources of Information
is where the
information is from

Evidence is NOT
the same as
Sources of Information

Sources of Information - Assessment Tools Select all that apply. At least 1 response must be selected.

- ☐ Assessment, Evaluation and Programming System
- ☐ Battelle Developmental Inventory, Second Edition (BDI-2)
- ☐ Brigance Inventory of Early Development II
- ☐ Carolina Developmental Profile
- ☐ Developmental Assessment of Young Children (DAYC)
- ☐ Developmental Profile - 3 (DP-3)
- ☐ Hawaii Early Learning Profile (HELP)
- ☐ Learning Accomplishment Profile Third Edition (LAP-3)
- ☒ Teaching Strategies Gold
- ☐ The New Portage Guide Birth to Six
- ☐ The Work Sampling System, (preschool 3 and 4, 2004)
- ☐ Transdisciplinary Play-Based Assessment, Second Edition (TPBA-2)
- ☐ Other, please specify _____

Other Sources of Information Select any that apply.

- ☐ Birth to 3 Child Outcome Exit Rating
- ☐ Child Care/Head Start Input
- ☐ Parent Input/Guardian Input
- ☐ 4K/5K Teacher Input
- ☐ Medical Report
- ☐ Other, please specify _____

So what is meant by evidence?

Evidence is NOT the same as the Sources of Information.

The Sources of Information are specific to the where the information is from; in other words, how the data was gathered. The Sources of Information used are reported in the new Indicator 7 Child Outcomes application. Rating teams are required to use an age anchoring assessment tool when gathering data for determining entry and exit ratings.

Evidence is specific to the data gathered. It is the data used to support the team's response to the Decision Tree questions.

Examples of Evidence

Age-Expected Functioning

Outcome One

- (6-year-old) Engages in cooperative dramatic play with groups of children/asks to join group.

Outcome Two

- (3-year-old) Uses size words to describe objects; e.g. big, little

Outcome Three

- (6-year-old) In conflict situations uses language to express feelings appropriately.

Functioning Across Settings

Outcome One

- (6-year-old) Engages in cooperative play at school, with neighbors at home and at afterschool care.

Outcome Two

- (4-year-old) Child speaks at home but not in school or other community settings.

Outcome Three

- (3-year-old) Child expresses needs with parents in the home but not with child care provider or with Brth-to-3 Program provider.



Here are some examples of what is meant by evidence.

Age-Expected Functioning

When rating a child, you must age-anchor the child's functioning. These are some examples for a child functioning at Age-Expected.

A child may be displaying some functioning in the Immediate Foundational and/or Foundational levels. If that's the case, you would provide evidence of functioning within those levels.

Functioning Across Settings

Here are some examples of evidence for the questions that ask about functioning across settings.

We don't expect that there will paragraphs of evidence written, but we would expect that a few of the key points that stand out for the specific child be listed.

Let's now talk about how the evidence is gathered. Use of an age anchoring tool.

Source or Evidence



Lets go over a few examples and decide if it is a source of information or a piece of evidence

Source or Evidence

- Emily is unable to express needs when hungry.
- Observation, parent report and Portage Guide.
- Sasha engages in cooperative play and uses good verbal skills (during play with others).



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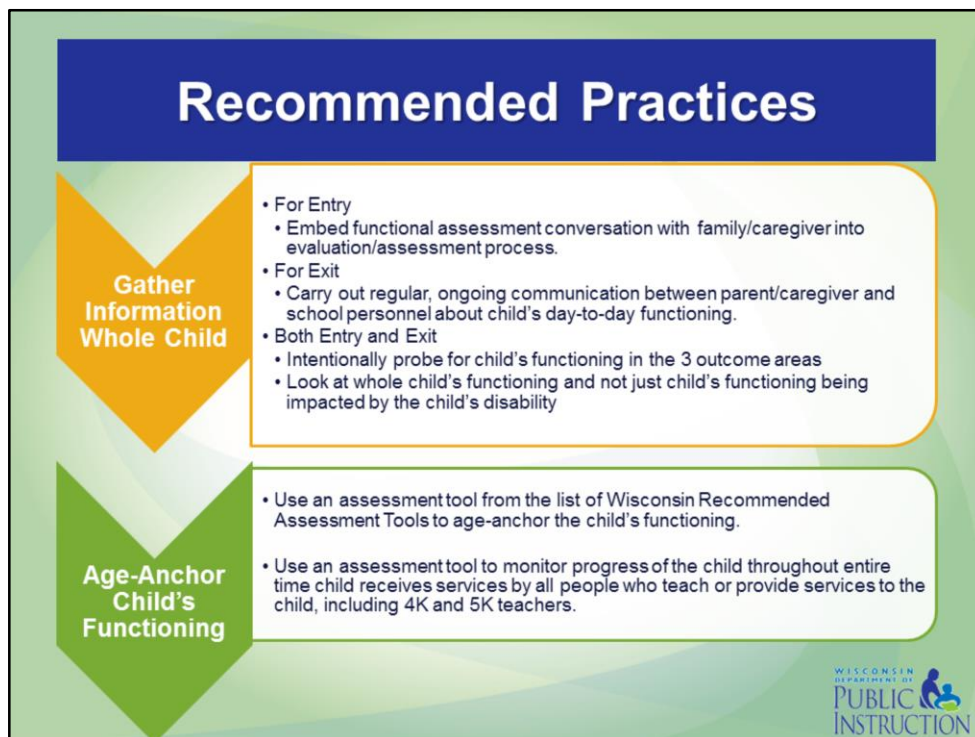
- Emily is unable to express needs when hungry = Evidence

(Click)

- Observation, parent report and Portage Guide = Source

(Click)

- Sasha engages in cooperative play and uses good verbal skills (during play with others) = Evidence (Bonus - addresses settings and situations)



The practices listed here are some of the recommended practices that not only lead to accurate rating of a child for Indicator 7, but they are also evidence-based practices in assessment of young children. These practices will support accurate determination of a child's eligibility for special education services and also will provide information in the development of functional IEP goals.

These assessment practices fall into two areas. The first area is the process of gathering information on the functioning of the whole child across settings in the child's life. This means that information is gathered on the everyday functioning of the child in all three outcome areas; **not just in the area of the child's suspected disability**. This also means that information is gathered from parents and other primary caregivers who know the child best.

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The second category of recommended practices is to age-anchor the child's level of functioning. This is the process of using an assessment tool from the list of Wisconsin Recommended Assessment Tools to determine whether the child is functioning at age-expected, immediate foundational or foundational levels. We refer to this as age-anchoring a child's functioning.

Gathering information on the whole child tends to be more challenging for the exit rating. There tends to be a lot of information gathered on Outcome 2 in kindergarten classrooms, but less information on a child's functioning in Outcomes 1 and 3. This means that district teams must create an intentional process for gathering information on the child's functioning in all three outcome areas. The Wisconsin Model Early Learning Standards is an excellent resource for looking at the child's functioning across all areas of development. And, the standards have been cross-walked with the three child outcomes.

To assign an accurate rating at entry and exit, the team needs to obtain a complete picture of the child's skills and behaviors across multiple settings and situations. This means that in addition to gathering information through standardized assessment tools, teams should have other means for getting information about the child in other places and with other people. It is especially important to get a picture of the child in places where the child spends time, including at home, in child care, and in other community settings. The team needs to know how the child interacts with adult family members, siblings, extended family, and other significant people in the child's life. This information can come from talking with those familiar with the child, such as family members, grandparents, and/or care providers, or from observations in places where the child spends time.

Functional Outcomes...

- Include things which are meaningful to the child in the context of everyday living
- Are an integrated series of behaviors or skills that allow the child to achieve outcomes
- Emphasize how the child is able to integrate (behaviors) across developmental domains to carry out complex meaningful behaviors



When we provide evidence and think of young children's skills we want to make sure it is from the functional perspective. Let's talk about what functional outcome are and what they are not.

In order for something to be functional we need to make sure it is meaningful to the child and family and it occurs in the context of everyday living.

For functional outcomes they need to be integrated set of skills that all build up to the final desired outcome.

And finally we want to see how the child can integrate skills or behaviors to carry out complex behaviors that are meaningful to the child and family and that are across developmental domains.

Now lets take a look at what is not functional
(click)

Functional Outcomes are NOT...

- A single behavior
- The sum of a series of discrete behaviors
- Based on developmental domains (like many assessments)
- Trying to separate child development into discrete areas (e.g., communication, gross motor cognitive etc.)



Here are things that you would see in outcomes that are not functional.

We would see isolated single discrete behaviors. Remember we want to see an integrated series of behaviors across developmental domains that leads to a complex meaningful behavior.

We also want to look across domains and at the whole child. We do not want to w

Functional or Isolated

- Knows how to imitate a gesture when prompted by others.
- Watches what a peer does and incorporates it into his play.
- Uses finger in pointing motion.
- Points to indicate wants or needs.
- Engages in back and forth verbal play exchanges with caregivers using 2-word utterances.
- Uses 2 word utterances.



Functional



Isolated



Activity- On your table, there are Green and Red cards. Please read the skill and if your table thinks it is a functional skill have someone hold up the green card; if your table thinks it is an isolated skills, have someone at the table hold up the red card.

(Click)

- Knows how to imitate a gesture when prompted by others. = Isolated

(Click)

- Watches what a peer does and incorporates it into his play. = Functional

(Click)

- Uses a finger in pointing motion. = Isolated

Click

- Points to indicate wants or needs. = Functional

(Click)

- Engages in back and forth verbal play exchanges with caregivers using 2-word utterances. = Functional

(Click)

- Uses 2 word utterances. = Isolated

Accurate Ratings



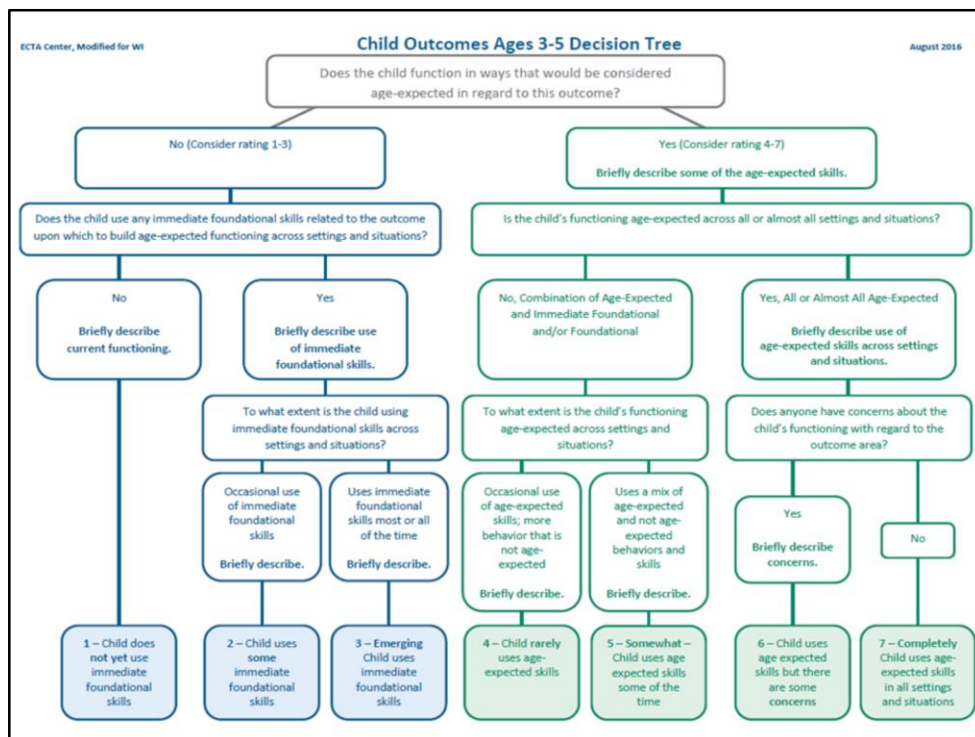
Now let's talk about what knowledge your staff needs to have in order to provide quality reliable ratings.

The rating process requires an understanding of the timing and sequences of development that enable children to have positive social relationships, acquire knowledge and skills, and take action to meet their needs.

For example, children typically play next to their peers before they meaningfully interact with them. In addition to child development occurring in typical sequences, we also know that children typically acquire skills within a certain time frame.

For example, most children learn to walk around 12 months of age.

The rating process requires that team members understand both the sequence in which children acquire skills and the age range in which they are acquired. Team members will be asked to think about how the child's functioning compares with what would be expected for a child his age.



Handout – Child Outcomes Decision Tree -

<http://dpi.wi.gov/sites/default/files/imce/sped/pdf/spp7-child-outcomes-decision-tree.pdf>

Activity

The Child Outcomes Decision Tree should look familiar for two reasons. First, hopefully, your teams have been using the Child Outcomes Decision Tree in determining the ratings and secondly, you just saw that this is the format for the new Indicator 7 Child Outcomes application.

We are going to do a quick activity to just review the number ratings and what they mean. At your table you have a few copies of a handout titled “Practice Your Rating Skills.” Please quickly complete this at your table. You can work in small groups or do one per table. If you need the Decision Tree as a reference, you are welcome to use it. If you have been involved in the child outcome process, this should be a review.

With the new application, you will need to provide evidence in to justify your path as you progress down the decision tree. The Child Outcomes Decision Tree identifies those questions for which you will need to provide a description or evidence.

Your teams will also have to have a common language for the vocabulary associated with the Decision Tree. We use three terms to describe where a child’s skills are with regard to age expectations: *Age- expected*, *immediate foundational*, and *foundational*. Let’s explore each one.

What are Foundational Skills?

Skills and behaviors that occur earlier in development and serve as the foundation for later skill development

Teachers and interventionists often use foundational skills to help children move to the next level developmentally



Foundational skills occur much earlier in the developmental progression of skills. They are called *foundational* because they form the foundation for later skill development.

Lets take the example of walking, we would think about the skills needed for children to eventually learn to walk—those that come even before cruising and initial wobbly steps. Examples include pulling to stand, crawling or scooting, going from a sitting position to all fours in preparation for crawling, or, in younger infant development, pushing up while in tummy time. Children who are not yet showing age-expected skills but are showing skills that come much earlier in development would be described as showing “foundational skills.”

What are Immediate Foundational Skills?

- Skills that are conceptually linked to later skills and immediately precede the later skills developmentally
- The set of skills and behavior that occur developmentally just prior to age-expected functioning
- Are the basis on which to build age-expected functioning
- Functioning looks like a younger child



Immediate foundational skills and behaviors are those that come just before age-expected skills in development.

To understand immediate foundational skills, let's consider the example of walking again. When we think about the skills that come just before children become proficient in walking, we see that they are cruising from one piece of furniture to another and taking a few unsteady steps on their own. These are examples of immediate foundational skills for walking. If a child is not showing age-expected skills but is showing the skills that come immediately before the skills expected for the age, we would describe the child as showing "immediate foundational skills."

These skills that occur developmentally just prior to age-expected functioning are the basis on which to build age-expected functioning.

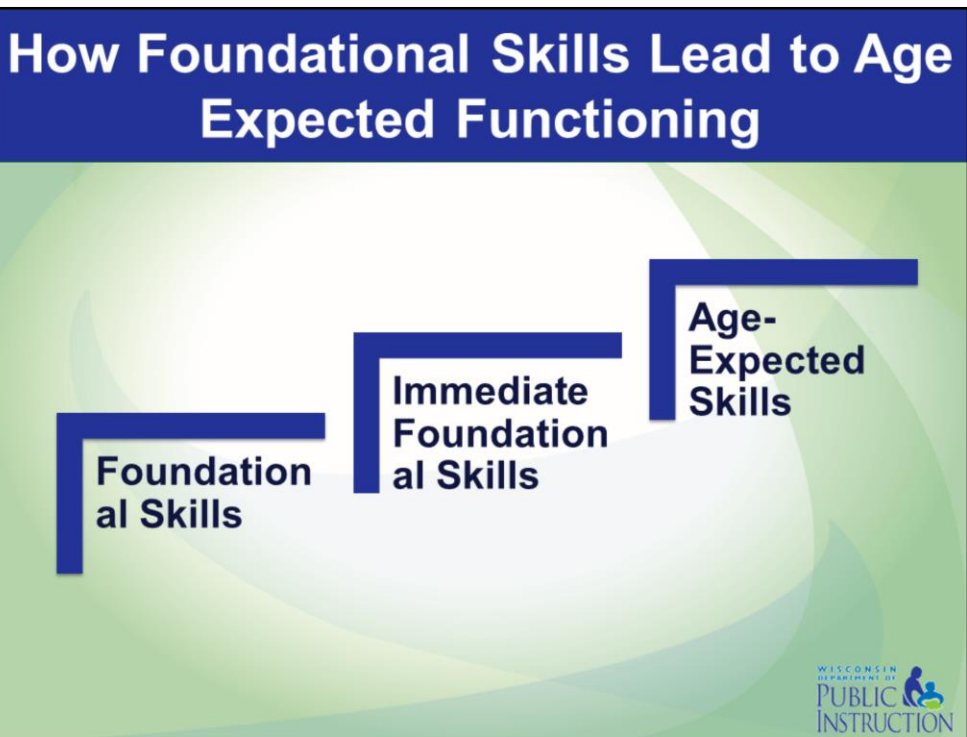
What are Age Expected Skills?



The final area is age expected skills

Age-expected skills are just that; skills you would expect to see at the child's current chronological age.

The child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life. Functioning is considered appropriate for his or her age.



(Click)

In sum, development occurs in predictable sequences, and a child's current skill level can be described with regard to where the child is in the sequence. This graphic shows the relationship between the three types of skills. Note that foundational skills provide the basis for later skills and that immediate foundational skills come just before age-expected skills in the sequence. **Foundational skills are frequently the skills chosen for intervention for children showing delays to help them move closer to age-expected development.**

For the Child Outcomes Summary process, it is critical individuals within the team understand child development and the sequence in which skills develop. To reach a rating, teams will need to think about whether the child's skills and behaviors in each outcome area are age-expected, immediate foundational, or foundational. Use of an age-anchoring tool, will assist teams in determining accurate ratings.

Your Turn



Activity

Now take a few minutes to test your skills at child development and sequencing skills.

At your table are two “Child Outcome Developmental Sort” activities. You may wish to do this as a whole table or break into two smaller groups.

You have a blank template in front of you that has the three outcome areas on the left of the chart and ranking from easiest to hardest at the top. Behind the template you will see an envelope with examples of skills. Sort the skills in the correct outcomes area and then from easiest to hardest.

Now let's talk about why we did this.

This activity demonstrates many key points that we have just talked about.

- You identified you knew what outcome areas focused on what skills.
- You identified possible pieces of evidence.
- You needed to have strong knowledge of child development to put them in developmental sequence.

Your teams need to be able to do this to assist in determining age-expected, immediate foundational, and foundational skills.

Now let's move to the final component

Child Rating Worksheet

Date: _____ Child's Name: _____ Chronological Age: _____

	Age-Expected	Immediate Foundational	Foundational
Outcome One Positive Social Emotional Skills			
Outcome Two Acquires & Uses Knowledge & Skills			
Outcome Three Takes Appropriate Action To Meet Needs			

Indicator 7 Child Outcomes
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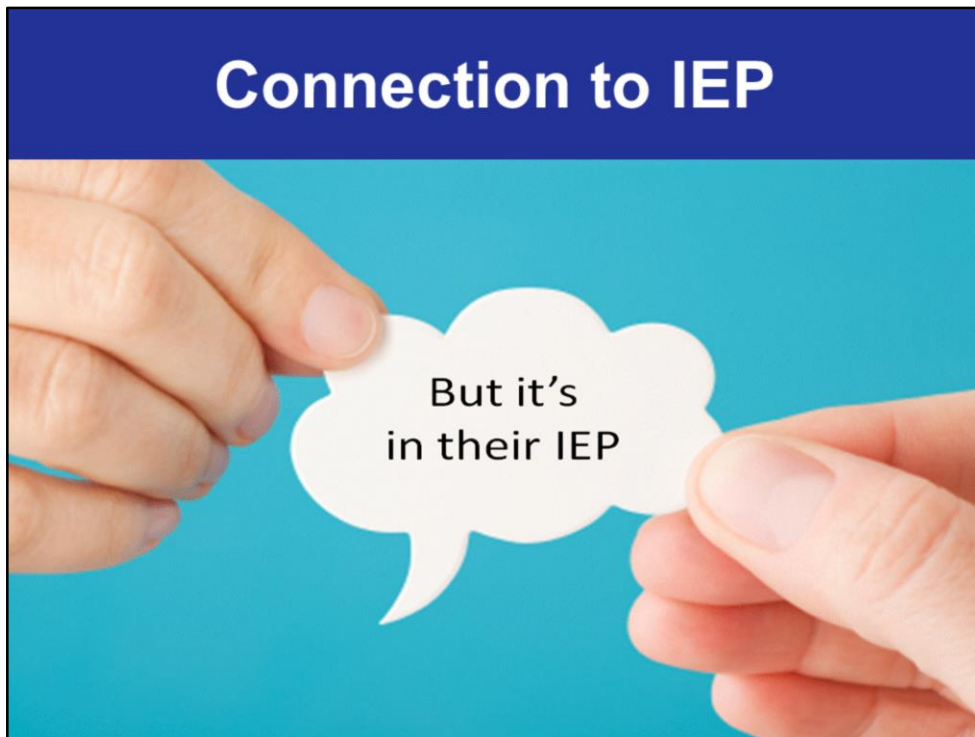
Handout – Child Outcomes Rating Worksheet -

<http://www.collaboratingpartners.com/documents/CHILDRATINGWORKSHEETOCT2011.PDF>

You have a wonderful worksheet that can be used with staff to get them to start thinking for this perspective.

Again this could be a training in of itself, but today we just wanted you to be aware of key components that must be in place in your process and your staff repertoire so your move to the new application is smooth.

This tool may be very helpful in organizing the formal and informal information gathered through the referral and evaluation which could be accessed by the IEP team when determining the child outcomes ratings.



Here are a few things to think about as your district moves to the revised sample IEP forms.

If you have looked at the revised sample IEP forms, there are several places where early childhood language is embedded. Early childhood standards and early literacy are reference throughout as well as child outcomes.

This is a wonderful opportunity to truly make the connection for your staff that child outcomes are not a stand-alone practice but can be incorporated into the CCR IEP five step process. The CCR IEP five step process begins with understanding the achievement of students and this includes the student's academic and functional present levels of performance. If we do quality functional assessments, write functional descriptive present levels from the use of our ongoing assessment, and write quality functional goals aligned with the early learning standards, rating the child outcomes will be easy and embedded and integrated in all that we do.

Some districts have already started by grouping their present levels for early childhood students in the three outcomes areas.

Everything connects and all together it promotes best practice in early childhood.

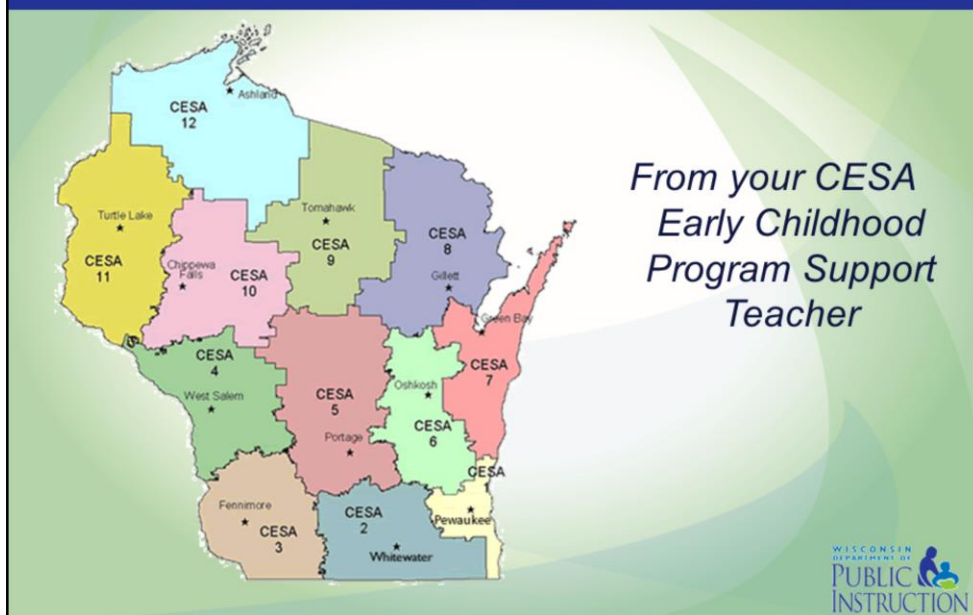
Here is a slide that should begin to look familiar..... (click)



CCR IEP stands for College and Career Reading IEPs and is the Department of Public Instruction's updated IEP guidance aligned with revised sample IEP forms. CCR IEPs are for students aged 3 through 21 and shift IEP discussions to provide IEP teams with a new lens to enhance existing discussions and processes involved in determining a student's strengths, needs, goals, and services. This presentation is aligned with the CCR IEP [Five Beliefs](#) and [Five Step Process](#)." [Click here](#) to learn more about CCR IEPs."

Take a moment and think about each of these five steps and how if you did everything through a functional lens Child Outcome evidence and ratings would be embedded throughout your process and when they needed to be completed so much information would already be available in the current IEP to begin your process.

Resources and Support



Handout – State Contact Information -

<http://dpi.wi.gov/sites/default/files/imce/sped/pdf/ecse-indicators-projects-contacts.pdf>

Your CESA Early Childhood Program Support Teacher is available to provide professional development and technical assistance related to Indicator 7 Child Outcomes.

As the statewide Early Childhood Coordinator related to Preschool Inclusion and Child Outcomes, Michelle Ogorek is also available to assist program support teachers and districts with Indicator 7.

Professional development topics may include:

- From Functional Assessment to Rating: Practice in the Rating Process
- The Assessment Process
- Using Assessment Tools
- Setting up a system to track children

Think of the critical components we discussed today and identify if your district has a need for further training in any of these areas. If so, contact your CESA program support teacher.



**Keeping our eyes
on the prize:**
High quality services
for children and
families that will lead
to good outcomes.

The bottom line -- we collect and use outcomes data to improve services for children and families in our programs.

THANK YOU

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